ENTRY BLANK	
PLEASE TYPE OR PRINT	Entered previous May Show
	☐ yes ☐ no
Mr. Artist TURNELL,	DEBORAH
Li Wir. Artist	(Last Name Last)
Permanent 17427 WINSLOW	RD. SHAKER HTS
Street	City
44120 Tel. (246) 9	121-5362
Zip Area Code	
Temporary or Studio Address	
Street	City
Tel. (
Zip Area Code	
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?	
Collaborator	
(If Any)	
If May Show entries are not accepted or not sold:	
Artist will pick up at Museum. Museum should dispose of.	
☐ Museum should ship to artist C.O.D. at this address:	
Special Instructions	
When necessary include below instructions or a drawing of how the object is to be assembled and displayed.	
This entry blank must be fully made	out and signed. Unsigned
entry blanks will not be accepted.	
Note carefully calendar for delivery and return of objects. It is	
understood that the Museum will have its own account any objects not called	
It is also understood that accepted objects will remain on exhibition until August 21, 1977.	
The submission of objects will be construed as acceptance of all	
conditions printed in the entry information.	
Signature Deborah Furnell	

Additional No. For Sale Total No. in Edition Price Unframed Price of Frame

RECEIVED

GRAPHICS AND PHOTOGRAPHY ONLY

REJECTED REJECTED DA

DO NOT WRITE IN

ACCEPTED